



MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.145

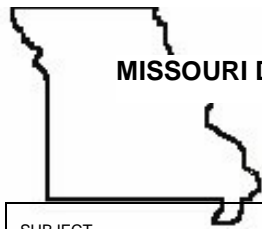
CHAPTER Program Implementation and Records	SUBCHAPTER Standards and Procedures	EFFECTIVE DATE 7/1/09	NUMBER OF PAGES 11	PAGE NUMBER Page 1 of 11
SUBJECT Use of Restraints and Time Out		AUTHORITY Section 630.050	HISTORY See Below	
PERSON RESPONSIBLE Director, DD			SUNSET DATE 7/1/12	

PURPOSE: Prescribes policy on the use of physical and chemical restraints and time out.

APPLICATION: Applies to the Division of Developmental Disabilities

(1) As used in this DOR, unless the context clearly requires otherwise, the following terms shall mean:

- A. Behavior Support Plan – A part of the Person Centered Plan that is comprised of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated and behaviors and skills to be learned. The techniques included in the plan should be based on a functional assessment of the target behaviors. Must conform to the requirements Outlined in the Positive Behavior Support Guidelines developed by the Division of Developmental Disabilities.
- B. Chemical restraint - as defined in section 630.005, RSMO, are drugs which are prescribed or administered to *temporarily* restrain an individual who presents an imminent threat of serious physical harm to him/herself or others; medications prescribed or administered for the purpose of affecting behavior include major and minor tranquilizers (neuroleptic and anxiolytic drugs) and antidepressants (imipramine-type drugs, monoamine oxidase inhibitors and psychomotor stimulants). Chemical restraints do not include drugs that may have behavior modifying effects but that are not prescribed or administered for that purpose, (e.g., anticonvulsants).
- C. Exclusion, exclusion time out – temporary removal an individual from an area, or from participation in an activity to protect others from harm, or as a consequence for problem behavior, or to due to safety concerns for the individual resulting from his/her behavior in the situation. The individual is not restricted to a particular area or room as defined in seclusion or seclusion time out as defined in this policy.
- D. Least restrictive procedure- a procedure that *least* restricts an individual's freedom of movement, access to personal property, or least requires an individual to do something which he/she does not want to do, or least involves



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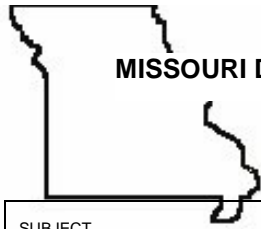
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removal of something the individual owns or has earned and maintains continues to most safety. Based on a comparison of the various possible procedures that would maintain safety for the consumer in the situations the consumer finds themselves.

- E. Mechanical Restraints- any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. The definition does not include the following:
1. Medical protective equipment ;
 2. Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests;
 3. Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or
 4. Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs.
 5. Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints
- F. Person-Centered Plan- individualized plan for the person's life that include necessary information about the person to assist the person and others to develop and live the life the person desires. The plan should include support strategies and interventions developed as part of the planning process.
- G. Physical restraint- manual hold involving a restriction of an individual's voluntary movement. It does not include physically guiding a person during transport or skill training.
- H. PRN Medication for Behavior Intervention- any administration of a medication (pharmacologic agent) that modifies a person's behavior or mental status that is prescribed by a physician and given according to circumstances and not a scheduled time.
- I. Prohibited procedures: The interventions prohibited by the Division of Developmental Disabilities, restraint procedures considered at high risk for harm including:
1. Physical restraint techniques that interfere with breathing; or any strategy in which a pillow, blanket, or other item is used to cover the individual's face as part of the reactive strategy
 2. Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object



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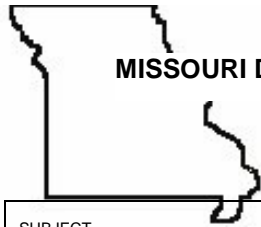


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3. Restraints which involve staff lying/sitting on top of a person;
 4. Restraints that use the hyperextension of joints;
 5. Any technique which has not been approved by the Division, and/or for which the person implementing has not received Division-approved training;
 6. Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual's life or is otherwise contraindicated for the individual by medical or professional evaluation;
 7. Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria; and
 8. Use of any reactive strategy on a "PRN" or "as required" basis. Identification of safe procedures for use during a crisis in an individual's safety crisis plan is not considered approval for a restraint procedure on an as needed basis.
 9. Seclusion - Placement of a person alone in a locked room or area which he or she cannot leave at will and not part of a Behavior Support Plan that has been reviewed and approved by the Regional Office Human Rights Committee and Behavior Supports Review Committee.
 10. Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
 11. Inclusion of a reactive strategy as part of a behavior support plan for the reduction or elimination of a behavior;
 12. Reactive strategy techniques administered by other persons who are being supported by the agency;
 13. Corporal punishment or use of aversive conditioning— Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
 14. Overcorrection – Requiring the performance of repetitive behavior. – Examples: Contingent exercise, writing sentences, over cleaning an area, repeatedly walking down a hallway after running.
 15. Placing persons in totally enclosed cribs or barred enclosures other than cribs;
 16. Any treatment, procedure, technique or process prohibited elsewhere by federal or state statute
- J. Qualified developmental disability professionals- the following staff, who have been designated by the head of the facility or center to determine the necessity for physical restraints:
1. A psychologist with at least a master's degree from an accredited program and with specialized training or one (1) year of experience in treating the developmental disabilities;



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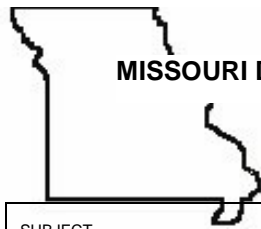


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2. A physician licensed under state law to practice medicine or osteopathy and with specialized training or one (1) year of experience in working with the developmental disabilities;
 3. An educator with a degree in education from an accredited program and with specialized training or one (1) year of experience in working with the developmental disabilities;
 4. A social worker with a bachelor's degree in social work from an accredited program, or a bachelor's degree in a field other than social work and at least three years social work experience under the supervision of a qualified social worker, and with specialized training or one (1) year of experience in working with the developmental disabilities;
 5. An occupational therapist capable of securing a state license, or certificate, and who has specialized training or one (1) year experience in treatment the developmental disabilities;
 6. A physical therapist capable of securing a state license, or certificate, and who has specialized training or one (1) year of experience in treating the developmental disabilities;
 7. A speech pathologist or audiologist capable of securing a state license or certificate and who has specialized training or one (1) year of experience in treating the developmental disabilities;
 8. A registered nurse who has specialized training or one (1) year of experience in treating the mentally retarded;
 9. A therapeutic recreation specialist who is a graduate of an accredited program and who has specialized training or one (1) year of experience in working with the developmental disabilities,
 10. Licensed professional counselors who have specialized training or one (1) year of experience in working with the developmental disabilities and.
 11. Board Certified Behavior Analyst who has specialized training or one (1) year of experience in working with the developmental disabilities.
- K. Qualified Personnel- Staff persons who have received competency based training in the Division approved physical crisis management system utilized at the facility or agency in which they are employed and who have current certification of this crisis management training and are also current in the implementation of the individual's safety crisis plan, behavior support plan and Person Centered Plan, as well as meeting all requirements as a service provider outlined in the most current service definitions for providers.
- L. Reactive strategies- the use of immediate and short term procedures that are necessary to address dangerous situations related to behaviors and/or events that place the person or others at risk. Such procedures should be outlined in



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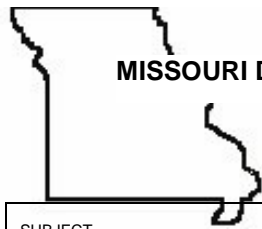
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the Safety Crisis Plan. Procedures include physical crisis management techniques of manual, mechanical, or chemical restraint. These are procedures used in direct reaction to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion.

- M. Safety Assessment –assessment by treatment team and physician of an individual's physical, emotional status including history and current conditions that might affect safe usage delineating any reactive strategies which should not be used with the individual due to medical or psychological issues of safety completed annually or with any significant change.
- N. Safety Crisis Plan –an individualized plan outlining the emergency intervention procedures that might most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrence. Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment. These will be used as last resort after implementation of proactive, positive approaches. A crisis plan should be developed prior to the need for use or at least after the first episode of behavior necessitating reaction to dangerous behaviors that place the person or others at risk of eminent harm. Must include the informed consent of the person, their parent or guardian. The Safety Crisis Plan will be considered part of the individual's behavior support plan.
- O. Seclusion- the placement of an individual alone in a room or other area from which egress is prevented, and not as part of a systematic time-out program that meets all applicable standards and has been approved by the Regional Office Human Rights Committee and Behavior Supports Review Committee. Department developmental disabilities facilities and regional centers shall not use seclusion.
- P. Time out- temporary exclusion or removal of an individual from access to positive reinforcement as part of a formal behavior modification procedure in which, contingent upon the individual's emission of undesired behavior, the individual is removed from the situation that affords positive reinforcement; and temporary exclusion or removal of the person from access to positive reinforcement contingent upon undesirable behavior(s). Time out may only be used as part of an approved behavior support plan, not as an emergency procedure.
- Q. Threshold criterion of reactive strategy use- the use of 3 or more reactive strategies within a 6 month period, or two or more reactive strategies in a two



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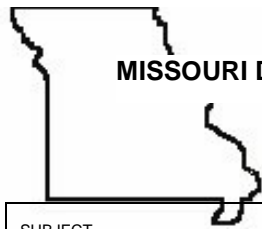
month period. Reaching this threshold triggers an extensive review of the situation. The focus of the review should be towards development or revision of proactive strategies and prevention of situations that are likely to result in use of reactive strategies. In addition, a review of the consumer's behaviors and the need for functional behavior assessment and development of a formal behavior support plan or revision of an existing behavior support plan should be completed.

(2) Each Division of Developmental Disabilities Regional Office and State Operated Program shall follow the same policy for restraint, seclusion and time out and the policy shall correspond to the policy outlined in this DOR.

(3) In an emergency where there is imminent danger or potential harm to a client or other persons, qualified personnel or a qualified developmental disabilities professional may use reactive strategies to prevent harm to the individual or others. Prior to using any reactive strategy staff must be trained and in an physical crisis management system approved by the Department and certified by the crisis management training program.

- A. Techniques used to physically restrain residents are limited to those that have been approved by the Division and determined not likely to cause undue physical discomfort, pain or injury to a client and included in the individual's safety crisis plan.
- B. The physical restraint technique shall be used only in a manner which minimizes the possibility of physical injury to the client and causes the least possible discomfort.
- C. Instances in which reactive strategies are used to restrain a client shall be documented on DMH Form 7810.
- D. Any improper use of a physical restraint technique or any excess application of force shall be considered abuse and is cause for disciplinary action against the guilty employee.

(4) Mechanical restraints and chemical restraints may only be used in situations of imminent harm to prevent a client from injuring self or others and only as part of an approved safety crisis plan, addition of these procedures in a safety crisis plan requires the approval of the Director of the Division or his/her designee. Less restrictive crisis management procedures such as de-escalation and environmental adjustments (e.g. remove others from area) to maintain safety and resolve the situation should be attempted prior to physical or chemical intervention.



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(5) In situations where reactive strategies have been used (anytime in the past year) or are likely to be used, or where the interdisciplinary team plans to use reactive strategies, the team shall design their use in the safety crisis plan and or the Behavior Support Plan to lead to a less restrictive way of managing and ultimately to eliminating the behavior necessitating the reactive strategy.

A. The Behavior Support Plan shall meet the requirements as outlined in the following the Positive Behavior Support guidelines including review and approval by the parent or guardian, consent of the individual and approval of the designated behavior support review committee and human rights committee.

(6) Clients may be mechanically restrained only after a written order has been made by a qualified developmental disabilities professional.

A. Written orders for any restraints shall be time limited and for no longer than three (3) hours.

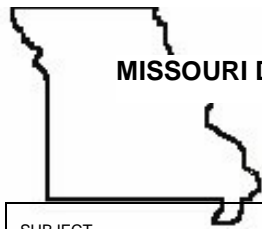
B. Written orders shall be placed in the client's record and shall contain at least the following information:

1. brief description of the behavior necessitating restraint;
2. type of restraint used;
3. the time when the order was written;
4. the time when the restraint was first used;
5. criteria for the discontinuation of the restraint;
6. discontinuation time for the use of restraints, which shall be within three (3) hours of the time of initial use of the restraint.

C. A client may be restrained for longer than three (3) consecutive hours only after a qualified developmental disabilities professional has again observed the client, assessed the necessity for continued restraint and written a new order. All of the conditions set out in this section also apply to new restraint orders documented as set out in section

D. Standing, or PRN orders for restraints shall not be used.

(7) In an emergency, as defined in section (4), qualified personnel may initiate mechanical restraint procedures provided a qualified developmental disabilities professional is immediately notified. The qualified developmental disabilities professional shall observe the client and evaluate the situation within thirty (30) minutes from the time restraints were initiated.



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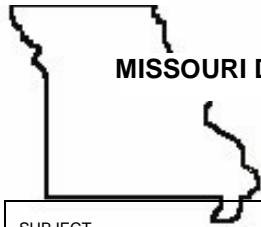
(8) While a client is in mechanical restraints, the following procedures shall be used:

- A. The individual restrained shall be continuously within line of sight of qualified personnel .
- B. Qualified personnel shall document the condition of the individual restrained at least every fifteen (15) minutes, chart the individual's physical and behavioral condition at each observation and take necessary action to ensure that appropriate care and treatment of the client is maintained and documented in the client's file including bathing, regular meals, use of the toilet, exercise and fluid intake.
- C. An opportunity for motion and exercise shall be provided for a period of not less than ten (10) minutes during each two (2) hours in which the restraint is employed.
- D. Qualified personnel shall post the names of individuals in mechanical restraints in a central area so it is visible and accessible to all personnel to alert any and all staff that an individual is restrained and therefore dependent on staff to maintain and ensure their safety.

(9) In an emergency in which an on-site physician is not available, only a registered nurse or a qualified licensed practical nurse may administer chemical restraints to an individual and only after receiving an oral order from an authorized physician.

- A. The documentation of such orders shall include the following:
 1. name of physician who gave the order;
 2. name of nurse who received the order;
 3. name of nurse who actually carried it out.
- B. The person administering the chemical restraints shall document the information required in (A) and the physician's oral order in the individual's record or equivalent record.
- C. The oral order shall be signed by a physician as soon as possible after the initial administration of the restraints.

(10) The written policies of the facility or regional center governing the use of Seclusion Time Out procedures shall provide for at least all of the following:



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A. Qualified personnel may use seclusion time out for an individual only under conditions set out in an approved behavior support plan. The program shall be reviewed and approved by the following committees and persons:

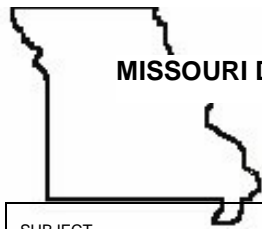
1. facility or regional office's behavioral support review committee;
2. facility or regional office's client rights review committee;
3. the individual or the family, or legal guardian as appropriate.

B. There shall be a brief time limit (e.g. Two to five minutes) for the duration of a seclusion time out episode, with specified criteria for the release of the individual (e.g. calm behavior). An individual shall not remain in Seclusion Time out for more than one (1) hour, except in extraordinary instances (during initial stage of program) that are personally approved at the time of occurrence by a member of the client's interdisciplinary team, and reviewed within one business day by the facility or regional office administrator. There will be continuous observation of the person in time out. Seclusion Time Out will be discontinued if there are any signs of injury or medical emergency and the person will be assessed by appropriate medical personnel.

C. The date, time and duration of each time-out period shall be documented in the individual's file.

D. Time out areas or rooms shall meet the safety and comfort requirements below:

1. Areas and rooms to be utilized for seclusion time out and the procedures for the use of time out shall be reviewed and approved by the Regional Office Director or designee.
2. Continuous observation of the person in the area will be possible at all times.
3. Adequate lighting and ventilation will be available at all times.
4. The area or room will be void of objects and fixtures such as light switches, electrical outlets, door handles, wire, glass and any other obstructions that could pose a potential threat to the individual in time out.
5. If there is a door to the room or area it will open such that the person in the room is not able to barr the door to prevent entry.
6. The door will be void of any locks or latches that could allow the door to be locked without continuously engaged by a staff person . The door to the room must be shut and held continuously by a staff member to keep the door closed. Once the staff member removes the pressure on the mechanism it releases and opens automatically.



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7. The room or area will be at least six feet by six feet in size or large enough for any individual to lie on the floor without head or feet hitting walls or door.

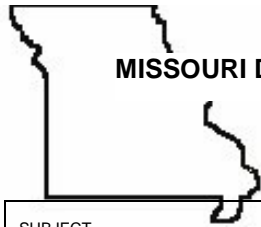
E. Time out shall only be included as a part of the behavior support plan after a functional behavioral assessment provides indication that the behaviors targeted for intervention with the time out procedure will not be reinforced by the procedure, that there are high rates of positive reinforcement and engaging activities available for the individual making "time in" an enriched situation.

(11) Each facility and regional office shall have a behavioral support committee with representation from administration, medical service, nursing service, client or client rights review committee or board, and person or person with expertise in applied behavior analysis or positive behavioral supports and other persons as may be designated by the head of the facility or regional office. The behavioral support committee shall:

- A. review the utilization of restraints and prevention and debriefing processes for restraints used on a monthly basis;
- B. review annually the facility policies on restraints and time-out procedures to determine their effectiveness and recommend any changes to the head of the facility or regional office;
- C. identify and approve physical restraint procedures for use in the facility or regional office.
- D. develop with facility or regional office an active program to facilitate and motivate reduction in need and use of reactive strategies for all consumers

(12) The facility or regional office shall provide, or assist in finding resources for in-service training on the proper use of the approved crisis management procedures.

(13) Staff who will implement or are likely to utilize restraints and seclusion time out must receive competency based training for all procedures to be used. These procedures may only be implemented by qualified staff. Competency based training must be provided annually to certify continued competency.



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History: Original Rule effective December 1, 1982. rescinding OR133. Amendment effective July 1, 1998. Amendment effective July 1, 2002. On July 1, 2003 the sunset date was extended to July 1, 2004. On July 1, 2004 the sunset date was extended to July 1, 2005. On July 1, 2005 the sunset date was extended to July 1 2006. On July 1, 2006 the sunset date was extended to July 1, 2009. Amendment effective July 1, 2009.